



Form Approved  
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EPA-OTS



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90-890000117

6-8

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

## Comprehensive Assessment Information Rule

## REPORTING FORM

89 JUN -7 AM 11:10  
OTS DOCUMENT CONTROL  
OFFICE

When completed, send this form to:

Document Processing Center  
Office of Toxic Substances, TS-790  
U.S. Environmental Protection Agency  
401 M Street, SW  
Washington, DC 20460  
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: \_\_\_\_\_

Document  
Control Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

## PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been  
completed in response to the Federal Register Notice of.....      
CBI mo. day year

[ ] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. .... [0][0][0][5][8][4]-[8][4]-[9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... \_\_\_\_\_

(ii) Name of mixture as listed in the rule ....

(iii) Trade name as listed in the rule ..... \_\_\_\_\_

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... \_\_\_\_\_

CAS No. of chemical substance ..... ( ) ( ) ( ) ( ) ( ) ( ) - ( ) ( ) - ( )

Name of chemical substance .....

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer ..... 1

☐ Importer .....

Processor ..... 3

X/P manufacturer reporting for customer who is a processor ..... 4

X/P processor reporting for customer who is a processor ..... 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI  
☐ Yes ..... ☐ Go to question 1.04  
☐ No ..... ☒ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI  
☐ Yes ..... 1  
☐ No ..... 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) ....

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI  
Trade name ..... ADIPRENE® BL-16

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes ..... ①

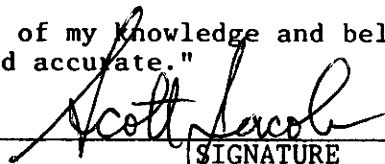
No ..... 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI  
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

SCOTT A. JACOBS

NAME



SIGNATURE

6-5-89

DATE SIGNED

ENVIRONMENTAL MANAGER

TITLE

(203) 259 - 3351

TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	_____ DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

### 1.09 Facility Identification

Dun & Bradstreet Number .....[ ] [ ]-[ ] [ ] [ ]-[ ] [ ] [ ] [ ]

EPA ID Number .....[ 9 ] [ 8 ] [ 0 ] [ 9 ] [ 1 ] [ 2 ] [ 0 ] [ 2 ] [ 6 ]

Employer ID Number .....[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Primary Standard Industrial Classification (SIC) Code .....[ 3 ] [ 0 ] [ 6 ] [ 9 ]

Other SIC Code .....[ ] [ ] [ N ] [ A ]

Other SIC Code .....[ ] [ ] [ ] [ ]

1.10 Company Headquarters Identification (SAME AS ABOVE)

```
CBI Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ] Address [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
                                                    Street
                [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
                                                            City
                                                                [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
                                                                    State Zip
Dun & Bradstreet Number .....[ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]
Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
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☐ Mark (X) this box if you attach a continuation sheet.

### 1.11 Parent Company Identification

CBI Name THE INTERTECH GROUP

[ ] Address [4][8][3][8][ ] J E N K I N S [ ] A V E N U E [ ] [ ] [ ] [ ] [ ]  
Street

NORTH CHARLESTON City

[5] [C]      [2] 9 4 0 6 -- 0 0 0 0  
State                      Zip

Dun &amp; Bradstreet Number ..... [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

## 1.12 Technical Contact

CBI Name [S][C][O][T][T] [A.] [J][A][C][O][B][S] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ] Title [E][N][V][I][R][O][N][M][E][N][T][A][L][ ] [M][A][N][A][G][E][R][ ] [ ] [ ] [ ] [ ]

Address 85 MILL PLAIN ROAD Street

FAIRFIELD City

[C][T]      [0][0][5][3][0]--[0][0][0][0]  
State                      Zip

Telephone Number ..... [2][0][3]-[2][5][9]-[3][3][5][1]

1.13 This reporting year is from ..... 01 88 to 12 88  
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller: N/A

N.A.

[illegible][illegible]

Street

City

City

     --  
State                          Zip

State

Zip

**Employer ID Number** .....[ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

Date of Sale ..... [ ] [ ] [ ] [ ] [ ] [ ]  
Mo. Day Year

Mo.

Day

Year

[illegible]

Telephone Number .....([ ][ ]) - ([ ][ ]) - ([ ][ ][ ])

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer: NA

N.A.

[illegible][illegible]

Street

City

City

[ ][ ]      [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]  
State                      Zip

State

Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Purchase ..... ( ) ( ) ( ) ( ) ( ) ( )  
Mo. Day Year

Mo.

Day

Year

[illegible]

Telephone Number .....[ ][ ]-[ ][ ]-[ ][ ][ ][ ]

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI  
☐ Classification Quantity (kg/yr)

Manufactured ..... 0

Imported ..... 0

Processed (include quantity repackaged) ..... 1.2

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year ..... 0

For on-site use or processing ..... 0

For direct commercial distribution (including export) ..... 0

In storage at the end of the reporting year ..... 0

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year ..... 0.2

Processed as a reactant (chemical producer) ..... 0

Processed as a formulation component (mixture producer) ..... 0

Processed as an article component (article producer) ..... 1.2

Repackaged (including export) ..... 0

In storage at the end of the reporting year ..... 0.3

☐ Mark (X) this box if you attach a continuation sheet.



PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% $\pm$ 0.5%)
1,3-DIISOCYANATO-METHYL BENZENE	UNIROYAL	0.2% $\pm$ 0.05
POLY URETHANE	UNIROYAL	99.8 $\pm$ 0.05
		Total 100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending ..... N.A. ..... ☐☐ ☐☐  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... kg

Year ending ..... ☐☐ ☐☐  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... kg

Year ending ..... ☐☐ ☐☐  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process ..... N.A. ..... 1

Semicontinuous process ..... 2

Batch process ..... 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process ..... 1
- ☐ Semicontinuous process ..... 2
- ☐ Batch process ..... 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- ☐ Manufacturing capacity ..... NA kg/yr
- ☐ Processing capacity ..... 730 kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

<input type="checkbox"/>	<u>N.A.</u>	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase				
Amount of decrease				

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year      Average  
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured .....	<u>0</u>	<u>0</u>
Processed .....	<u>5</u>	<u>8</u>

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured .....	<u>NA</u>	_____
Processed .....	<u>NA</u>	_____

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured .....	<u>NA</u>	_____
Processed .....	<u>NA</u>	_____

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory .....	<u>0.5</u>	kg
Average monthly inventory .....	<u>0.3</u>	kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

N.A.

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity<sup>1</sup></u>	<u>Concentration (%) (specify ± % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct  
C = Coproduct  
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
K	100	100	I

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
K	100	100	I

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type <sup>1</sup>	Final Product's Physical Form <sup>2</sup>	Average % Composition of Listed Substance in Final Product	Type of End-Users <sup>3</sup>
K	H	0	I

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

<sup>3</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.



2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the  
CBI listed substance to off-site customers. N.A.

- ☐ Truck ..... 1  
Railcar ..... 2  
Barge, Vessel ..... 3  
Pipeline ..... 4  
Plane ..... 5  
Other (specify) \_\_\_\_\_ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers  
CBI or prepared by your customers during the reporting year for use under each category  
of end use listed (i-iv). N.A.

☐

Category of End Use

i. Industrial Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

ii. Commercial Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

iii. Consumer Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

iv. Other

Distribution (excluding export) ..... kg/yr

Export ..... kg/yr

Quantity of substance consumed as reactant ..... kg/yr

Unknown customer uses ..... kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

# SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

## PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.  
 CBI The average price is the market value of the product that was traded for the listed substance.

☐

Source of Supply	Quantity (kg)	Average Price (\$/kg)
The listed substance was manufactured on-site.	NA	
The listed substance was transferred from a different company site.	NA	
The listed substance was purchased directly from a manufacturer or importer.	NA	
The listed substance was purchased from a distributor or repackager.	NA	
The listed substance was purchased from a mixture producer.	612	1.42

- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

☐

- Truck ..... 1
- Railcar ..... 2
- Barge, Vessel ..... 3
- Pipeline ..... 4
- Plane ..... 5
- Other (specify) \_\_\_\_\_ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your  
CBI facility.

☐

Bags ..... 1  
Boxes ..... 2  
Free standing tank cylinders ..... 3  
Tank rail cars ..... 4  
Hopper cars ..... 5  
Tank trucks ..... 6  
Hopper trucks ..... 7  
Drums ..... 8  
Pipeline ..... 9  
Other (specify) \_\_\_\_\_ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks. N.A.

Tank cylinders ..... mmHg  
Tank rail cars ..... mmHg  
Tank trucks ..... mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

☐

Trade Name	Supplier or Manufacturer	Average % Composition by Weight (specify $\pm$ % precision)	Amount Processed (kg/yr)
ADIPRENE® BL-16	UNIRDYAL	0.2	595.5

☐ Mark (X) this box if you attach a continuation sheet.

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PART C RAW MATERIAL VOLUME

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3.05 State the quantity of the listed substance used as a raw material during the  
CBI reporting year in the form of a class I chemical, class II chemical, or polymer, and  
the percent composition, by weight, of the listed substance.

☐

N.A.

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify $\pm$ % precision)
Class I chemical	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Class II chemical	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Polymer	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

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☐ Mark (X) this box if you attach a continuation sheet.

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## SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

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### General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

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### PART A PHYSICAL/CHEMICAL DATA SUMMARY

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- 4.01 Specify the percent purity for the three major<sup>1</sup> technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	<u>NA</u> % purity	<u>NA</u> % purity	<u>0.2</u> % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

---

<sup>1</sup>Major = Greatest quantity of listed substance manufactured, imported or processed.

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- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No ..... 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company ..... 1

Another source ..... (2)

---

☐ Mark (X) this box if you attach a continuation sheet.

---

**UNIROYAL**

L-156

BEST COPY AVAILABLE

# Material Safety Data Sheet

Uniroyal Chemical Company, Inc.  
World Headquarters  
Middlebury, CT 06749

UNIROYAL Emergency Phone: (203) 723-3670  
CHEMTREC Transportation Emergency Phone: 1-800-424-9300  
SAFETY DATA Information (203) 573-3303

MSDS No. V752001Date Issued: 10/25/85

H-\*

H-2

F-0

R-0

~~5-4~~

5-4

## IDENTIFICATION

Trade Name: ADIPRENE® BL-16

CAS Number: Mixture

Chemical Name: Blocked reaction product of a  
polyether with toluene diisocyanate (TDI)

Chemical Family: Polyurethane

## SPECIAL REGULATORY HAZARDS

<u>Ingredient</u>	<u>%</u>	<u>CAS No.</u>	<u>Exposure Limit</u>	<u>OSHA (1910.1200)</u>	<u>EEC*</u>
TDI	0.2	584-84-9	.005 ppm TLV (ACGIH) (OSHA)	Irritant Sensitizer	Irritant Sensitizer
1,3-DIISOCYANATO-4-METHYL BENZENE			.02 ppm STEL		

Hazard assessment based on available data.

Transportation: NA

## PHYSICAL DATA

Appearance and Odor: Amber-colored, thick liquid; characteristic odor

Solubility: Insoluble in water (may react)

Specific Gravity (H<sub>2</sub>O = 1): 1.06

Melting Point: ND

Vapor Pressure @ 20°C: ND

Boiling Point: ND

Vapor Density (Air = 1): ND

Other Data: Freezing Point: 65°F (18°C)

Volatility @ 70°F: Low

## FIRE AND EXPLOSION HAZARD DATA

Flash Point: 255°F (124°C) CC

Autoignition Temp: ND

Extinguishing Media: Water spray, dry chemical

Flammable Limits: ND

Special Fire Fighting Procedures: Protect against inhalation combustion products.

Unusual Hazards: Flammable vapors (methyl ethyl ketoxime) liberated above 200°F. Cyanates under burning conditions.

## REACTIVITY DATA

Stability: Stable at ambient temperatures and pressures.

Incompatibility: Avoid moisture, strong oxidizers, alcohol and amines.

Decomposition Products: Methyl ethyl ketoxime on heating. Under extreme temperatures, e.g. burning, cyanates, hydrocarbons, oxides of carbon and nitrogen, some HCN.

NA = Not Applicable

ND = Not Determined

\*European Economic Community

Uniroyal makes no representation or warranty with respect to the information in this Material Safety Data Sheet. The information is however, as of this date provided, true and accurate to the best of Uniroyal's knowledge. This list of information is not intended to be all inclusive. Actual conditions of use and handling may require considerations of information other than, or in addition to, that which is provided herein.

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## SPECIAL PROTECTION INFORMATION

Engineering Controls: Local exhaust ventilation strongly recommended.

Personal Protection Equipment: Impervious gloves and goggles should be worn. Avoid breathing vapors. In the absence of good ventilation, under emergency situations or for high concentrations, self-contained or air-supplied respiratory protection is recommended.

## STORAGE, SPILLS AND DISPOSAL INFORMATION

Storage: Store away from sources of direct heat and moisture. Seal containers with a dry nitrogen blanket and keep closed when not in use. Moisture contamination will evolve CO<sub>2</sub> and create pressure in closed systems.

Spills: Absorb on inert carrier. Transfer to open containers outside or in well-ventilated area. Soak with dilute ammonia hydroxide or water alcohol mixture. Allow time for reaction to be complete before disposal.  
Reportable Quantity - 100 lbs. (TDI)

Disposal: In accordance with any applicable local, state, or federal regulation regarding polymeric waste.

Environmental Information: Environmental effects have not been determined.

## HEALTH RELATED DATA

Specific Hazard(s): Contact with eyes and skin may cause irritation. Repeated, minimal contact with skin may cause sensitization. Exposure to vapor can cause irritation to eyes, lungs and mucous membranes. Repeated inhalation of minimal amounts of vapor can cause respiratory sensitization and asthma.

Primary Route(s) of Entry: Inhalation, skin absorption.

First Aid Procedures: **Eye contact:** Flush with water for 15 minutes. Get medical attention.

**Skin contact:** Wipe excess. Wash with rubbing alcohol, if available, followed by soap and water. Discard shoes if contaminated.

**Inhalation:** Remove to fresh air. **Physician** - treat for potential respiratory irritation.

Toxicology Information:

There is no acute toxicology data on this material, however, residual TDI (0.2%) does possess irritancy and sensitization potential.

The following chronic toxicology information is for TDI:

TDI was found to be carcinogenic in mice and rats by gavage in corn oil in a recently published NCI bioassay. 6-hr. daily inhalation exposures to rats and mice of 0.05 and 0.15 ppm TDI for 2 years did not produce an increased tumor incidence.

Based upon the usual route of human TDI exposure, i.e., inhalation, the carcinogenic potential of TDI to humans has not been determined.



4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response. N.A.

Yes ..... 1  
No ..... 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

☐

<u>Activity</u>	<u>Physical State</u>				
	<u>Solid</u>	<u>Slurry</u>	<u>Liquid</u>	<u>Liquified Gas</u>	<u>Gas</u>
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

☐ Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles  $\geq 10$  microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI



N.A.

Physical State

Manufacture

Import

Process

Store

Dispose

Transport

Dust

<1 micron

1 to <5 microns

5 to <10 microns

Powder

<1 micron

1 to <5 microns

5 to <10 microns

Fiber

<1 micron

1 to <5 microns

5 to <10 microns

Aerosol

<1 micron

1 to <5 microns

5 to <10 microns



Mark (X) this box if you attach a continuation sheet.

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SECTION 5 ENVIRONMENTAL FATE

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PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

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5.01 Indicate the rate constants for the following transformation processes. N.A.

a. Photolysis:

Absorption spectrum coefficient (peak) .... (1/M cm) at \_\_\_\_\_ nm

Reaction quantum yield,  $\phi$  ..... at \_\_\_\_\_ nm

Direct photolysis rate constant,  $k_p$ , at ... \_\_\_\_\_ 1/hr \_\_\_\_\_ latitude

b. Oxidation constants at 25°C:

For  $^1O_2$  (singlet oxygen),  $k_{ox}$  ..... 1/M hr

For  $RO_2$  (peroxy radical),  $k_{ox}$  ..... 1/M hr

c. Five-day biochemical oxygen demand,  $BOD_5$  ... mg/l

d. Biotransformation rate constant:

For bacterial transformation in water,  $k_b$  ... 1/hr

Specify culture .....

e. Hydrolysis rate constants:

For base-promoted process,  $k_B$  ..... 1/M hr

For acid-promoted process,  $k_A$  ..... 1/M hr

For neutral process,  $k_N$  ..... 1/hr

f. Chemical reduction rate (specify conditions) \_\_\_\_\_

g. Other (such as spontaneous degradation) ... \_\_\_\_\_

---

☐ Mark (X) this box if you attach a continuation sheet.

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PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

N.A.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	_____
Atmosphere	_____
Surface water	_____
Soil	_____

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____

5.03 Specify the octanol-water partition coefficient,  $K_{ow}$  ... \_\_\_\_\_ at 25°C  
Method of calculation or determination ..... \_\_\_\_\_

5.04 Specify the soil-water partition coefficient,  $K_d$  ..... \_\_\_\_\_ at 25°C  
Soil type ..... \_\_\_\_\_

5.05 Specify the organic carbon-water partition coefficient,  $K_{oc}$  ..... \_\_\_\_\_ at 25°C

5.06 Specify the Henry's Law Constant,  $H$  ..... atm-m<sup>3</sup>/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor

Species

Test<sup>1</sup>

N.A.

_____	_____	_____
_____	_____	_____
_____	_____	_____

<sup>1</sup>Use the following codes to designate the type of test:

F = Flowthrough

S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

N.A.

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

N.A.

<u>Substitute</u>	<u>Cost (\$/kg)</u>

☐ Mark (X) this box if you attach a continuation sheet.

**SECTION 7 MANUFACTURING AND PROCESSING INFORMATION**

**General Instructions:**

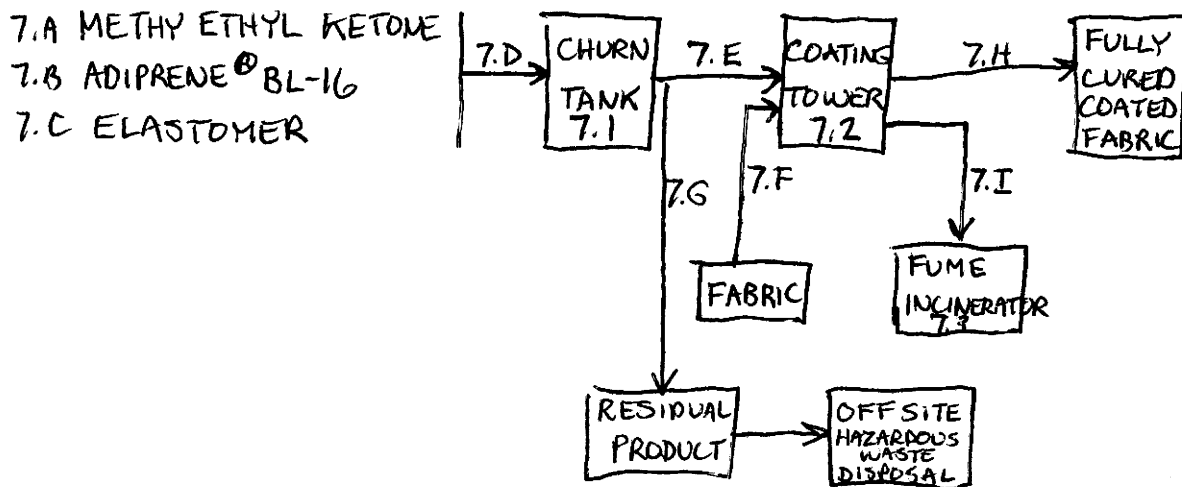
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

**PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION**

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type ..... POLYURETHANE SOLUTION COATINGS (I)

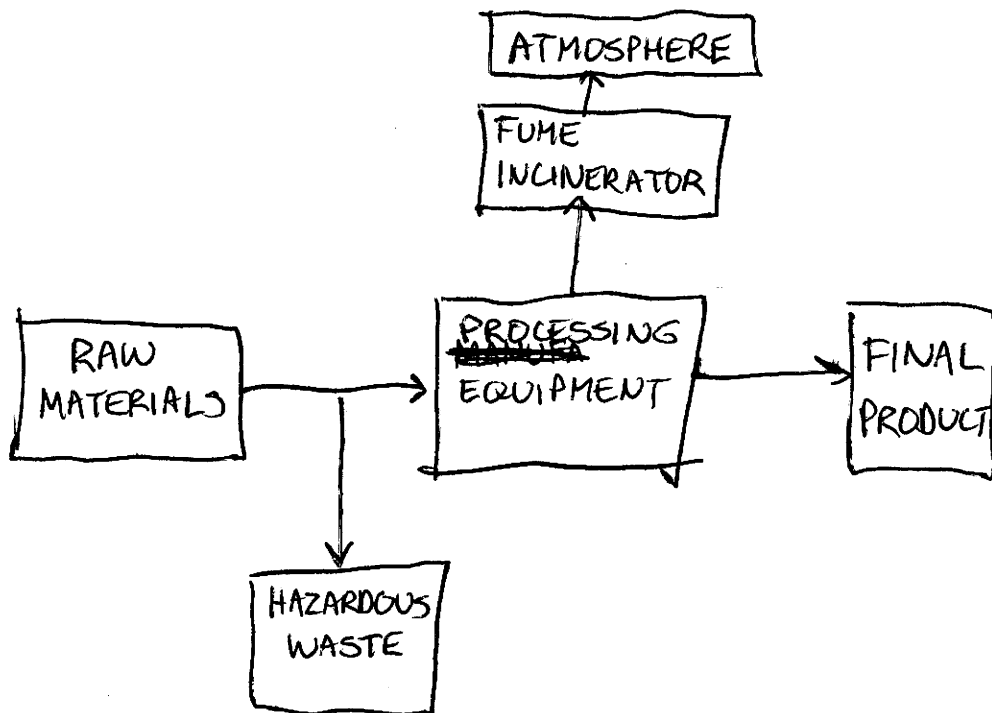


☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type ..... (I)



☐ Mark (X) this box if you attach a continuation sheet.



7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... (I)

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
<u>7.1</u>	<u>100 GAL. CHURN TANK</u>	<u>AMBIENT</u>	<u>AMBIENT</u>	<u>STEEL</u>
<u>7.2</u>	<u>COATING TOWER</u>	<u>124</u>	<u>—</u>	<u>—</u>
<u>7.3</u>	<u>CATALYTIC INCINERATOR</u>	<u>255</u>	<u>—</u>	<u>—</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... (I)

Process Stream ID Code	Process Stream Description	Physical State <sup>1</sup>	Stream Flow (kg/yr)
<u>7.E</u>	<u>COATING SOLUTION</u>	<u>OL</u>	<u>595</u>
<u>7.F</u>	<u>FABRIC</u>	<u>SO</u>	<u>1500</u>
<u>7.G</u>	<u>WASTE COATING SOLUTION</u>	<u>OL</u>	<u>315</u>
<u>7.H</u>	<u>FULLY CURED PRODUCT</u>	<u>SO</u>	<u>1625</u>
<u>7.I</u>	<u>PROCESS FUMES</u>	<u>GC</u>	<u>154</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)  
 GU = Gas (uncondensable at ambient temperature and pressure)  
 SO = Solid  
 SY = Sludge or slurry  
 AL = Aqueous liquid  
 OL = Organic liquid  
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type ..... (I)

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds <sup>1</sup>	Concentrations <sup>2,3</sup> (% <del>or ppm</del> )	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>7.E</u>	<u>METHYL ETHYL KETONE</u>	<u>51</u>	<u>NA</u>	<u>NA</u>
	<u>ADIPRENE® BL-16</u>	<u>39</u>		
	<u>ELASTOMER</u>	<u>10</u>		
<u>7.G</u>	<u>METHYL ETHYL KETONE</u>	<u>51</u>	<u>NA</u>	<u>NA</u>
	<u>ADIPRENE® BL-16</u>	<u>39</u>		
	<u>ELASTOMER</u>	<u>10</u>		
<u>7.H</u>	<u>FABRIC</u>	<u>80</u>	<u>NA</u>	<u>NA</u>
	<u>ELASTOMER</u>	<u>10</u>		
	<u>POLYURETHANE</u>	<u>10</u>		

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

<sup>1</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

<u>Additive Package Number</u>	<u>Components of Additive Package</u>	<u>Concentrations (% or ppm)</u>
<u>1</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>2</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>3</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>4</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>5</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

<sup>2</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

<sup>3</sup>Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

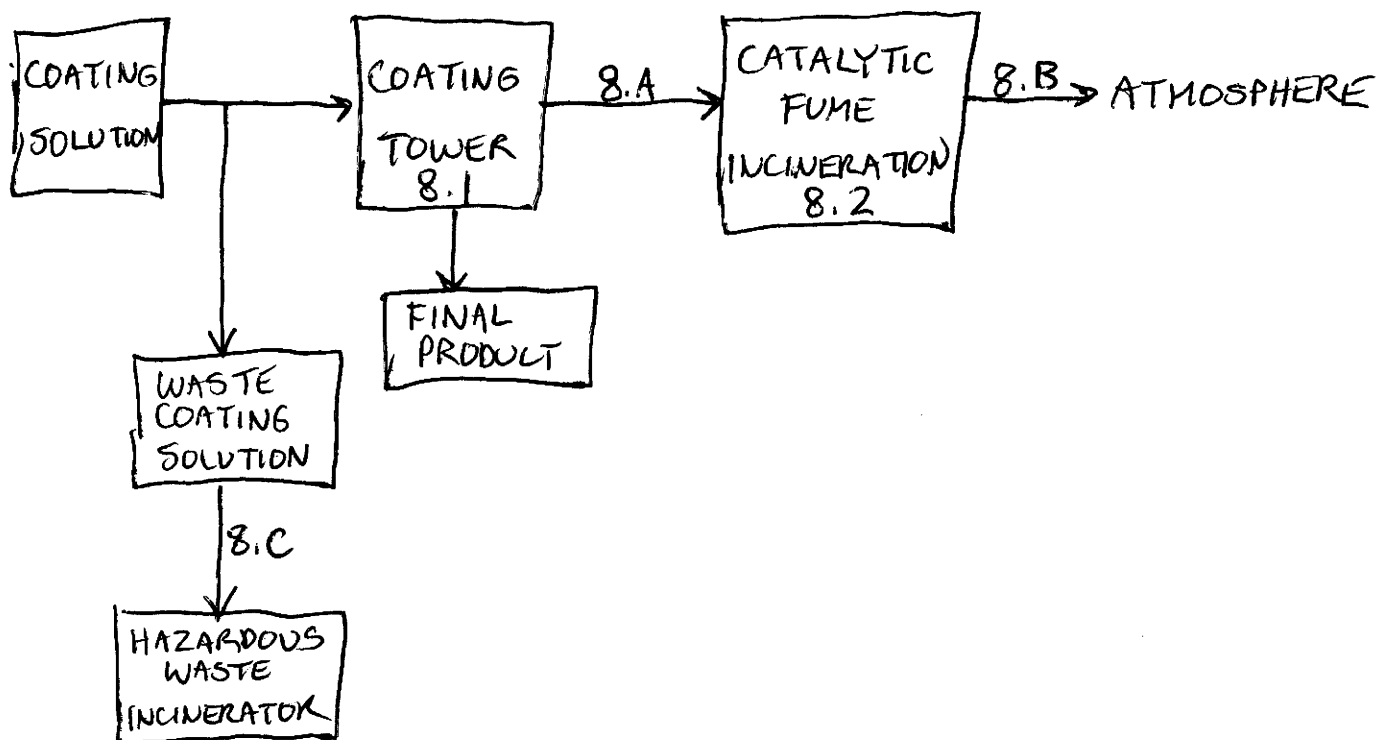
☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type ..... FUME INCINERATION



☐ Mark (X) this box if you attach a continuation sheet.

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

☐ Process type .....

[illegible]

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

---

8.05 (continued)

<sup>1</sup>Use the following codes to designate the type of hazardous waste:

I = Ignitable  
C = Corrosive  
R = Reactive  
E = EP toxic  
T = Toxic  
H = Acutely hazardous

<sup>2</sup>Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)  
GU = Gas (uncondensable at ambient temperature and pressure)  
SO = Solid  
SY = Sludge or slurry  
AL = Aqueous liquid  
OL = Organic liquid  
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

---

8.05 continued below

---

☐ Mark (X) this box if you attach a continuation sheet.

---

8.05 (continued)

<sup>3</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	<u>NA</u>	
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

<sup>4</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.



8.05 (continued)

<sup>5</sup>Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

<sup>6</sup>Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u>
<u>1</u>	<u>FLASHPOINT - CLOSED CUP</u>	<u><del>(-10°C)</del> -9°C</u>
<u>2</u>	<u></u>	<u></u>
<u>3</u>	<u></u>	<u></u>
<u>4</u>	<u></u>	<u></u>
<u>5</u>	<u></u>	<u></u>
<u>6</u>	<u></u>	<u></u>

☐ Mark (X) this box if you attach a continuation sheet.

**CBI**

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8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐ NA

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1

No ..... 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐ NA

Incinerator	Air Pollution Control Device <sup>1</sup>	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1

No ..... 2

<sup>1</sup>Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

# PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Age at hire	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Work history of individual before employment at your facility	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Sex	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Race	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Job titles	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Start date for each job title	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
End date for each job title	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>1984</u>	<u>30</u>
Employee medical history	<u>X</u>	<u>X</u>	<u>1984</u>	<u>30</u>
Employee smoking history	<u>X</u>	<u>X</u>	<u>1984</u>	<u>30</u>
Accident history	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Retirement date	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Termination date	<u>X</u>	<u>X</u>	<u>1984</u>	<u>10</u>
Vital status of retirees	<u>NA</u>	<u>NA</u>		
Cause of death data	<u>NA</u>	<u>NA</u>		

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as reactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as nonreactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site preparation of products	Enclosed	<u>1.2</u>	<u>8</u>	<u>80</u>
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

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☐

Labor Category

Descriptive Job Title

A

CHURN ROOM OPERATOR

B

TOWER OPERATOR

C

HAZARDOUS WASTE HANDLER

D

E

F

G

H

I

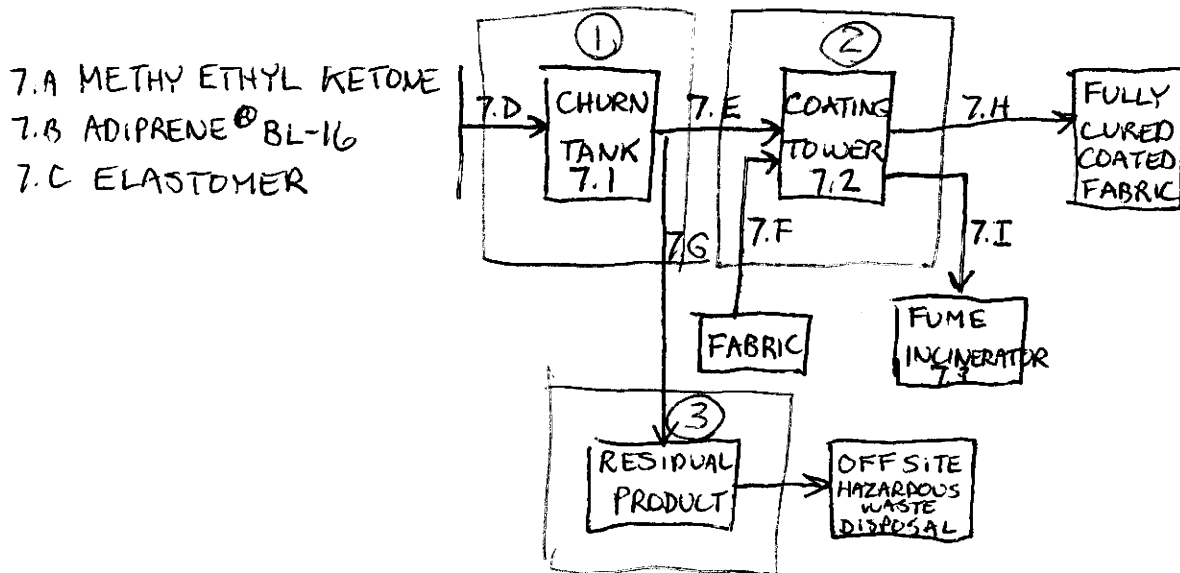
J

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type ..... POLYURETHANE SOLUTION COATING



☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... \_\_\_\_\_

Work Area ID

Description of Work Areas and Worker Activities

1	CHURN ROOM - COATING SOLUTION PREPARATION
2	TOWERS - FABRIC COATING
3	HAZARDOUS WASTE STORAGE - CLOSED CONTAINER
4	HANDLING
5	
6	
7	
8	
9	
10	

☐ Mark (X) this box if you attach a continuation sheet.



9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type .....

Work area .....

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance <sup>1</sup>	Average Length of Exposure Per Day <sup>2</sup>	Number of Days per Year Exposed
A	3	INHALATION, SKIN	OL	E	5
B	4	INHALATION, SKIN	OL	E	5
C	1	INHALATION, SKIN	OL	A	5

<sup>1</sup>Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)  
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)  
 SO = Solid

SY = Sludge or slurry  
 AL = Aqueous liquid  
 OL = Organic liquid  
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

<sup>2</sup>Use the following codes to designate average length of exposure per day:

A = 15 minutes or less  
 B = Greater than 15 minutes, but not exceeding 1 hour  
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours  
 E = Greater than 4 hours, but not exceeding 8 hours  
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... \_\_\_\_\_

Work area ..... 1

Labor Category	8-hour TWA Exposure Level ( <del>ppm</del> , mg/m <sup>3</sup> , other-specify)	15-Minute Peak Exposure Level ( <del>ppm</del> , mg/m <sup>3</sup> , other-specify)
<u>A</u>	<u>&lt;0.005</u>	<u>&lt;0.005</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... \_\_\_\_\_

Work area ..... 2

Labor Category	8-hour TWA Exposure Level ( <del>mg/m<sup>3</sup></del> , other-specify)	15-Minute Peak Exposure Level ( <del>mg/m<sup>3</sup></del> , other-specify)
<u>B</u>	<u>&lt;0.005</u>	<u>&lt;0.005</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... \_\_\_\_\_

Work area ..... 3

Labor Category	8-hour TWA Exposure Level (ppm, mg/m <sup>3</sup> , other-specify)	15-Minute Peak Exposure Level ( <del>ppm</del> , mg/m <sup>3</sup> , other-specify)
<u>C</u>	<u>NA</u>	<u>0</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

NA

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples<sup>1</sup></u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone						
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

<sup>1</sup>Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

☐ Sample Type NA Sampling and Analytical Methodology


9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI NA

☐ Equipment Type<sup>1</sup> Detection Limit<sup>2</sup> Manufacturer Averaging Time (hr) Model Number


<sup>1</sup>Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) \_\_\_\_\_

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) \_\_\_\_\_
- I = Other (specify) \_\_\_\_\_

<sup>2</sup>Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter ( $\mu\text{m}^3$ )

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

NA

☐

Test Description

Frequency  
(weekly, monthly, yearly, etc.)

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☐ Mark (X) this box if you attach a continuation sheet.

## PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area ..... 1

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
General dilution	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
Other (specify)				
_____				
Vessel emission controls	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
Mechanical loading or packaging equipment	<u>N</u>			
Other (specify)				
_____				

☐ Mark (X) this box if you attach a continuation sheet.



PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type .....

Work area ..... 2

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
General dilution	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
Other (specify) _____	_____	_____	_____	_____
Vessel emission controls	<u>N</u>	_____	_____	_____
Mechanical loading or packaging equipment	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>NA</u>
Other (specify) _____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type .....  
Work area ..... 3

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>N</u>			
General dilution	<u>Y</u>	<u>1984</u>	<u>NA</u>	
Other (specify) _____				
Vessel emission controls	<u>NA</u>			
Mechanical loading or packaging equipment	<u>N</u>			
Other (specify) _____				

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... NA

Work area .....

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)

☐ Mark (X) this box if you attach a continuation sheet.

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PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

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9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... \_\_\_\_\_

Work area ..... 1

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

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☐ Mark (X) this box if you attach a continuation sheet.

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PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

---

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... 

---

Work area ..... 2 

---

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>Y</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
<hr/>	<hr/>
<hr/>	<hr/>

---

[ ] Mark (X) this box if you attach a continuation sheet.

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---

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

---

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... 

---

Work area ..... 3

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>N</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
<hr/>	<hr/>
<hr/>	<hr/>

---

☐ Mark (X) this box if you attach a continuation sheet.

---

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... \_\_\_\_\_

Work Area	Respirator Type	Average Usage <sup>1</sup>	Fit Tested (Y/N)	Type of Fit Test <sup>2</sup>	Frequency of Fit Tests (per year)
<u>1</u>	<u>HALF MASK, NEG. PRESSURE</u>	<u>E</u>	<u>Y</u>	<u>QL, QT</u>	<u>2</u>
<u>2</u>	<u>HALF MASK, NEG PRESSURE</u>	<u>E</u>	<u>Y</u>	<u>QL, QT</u>	<u>2</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate average usage:

A = Daily  
 B = Weekly  
 C = Monthly  
 D = Once a year  
 E = Other (specify) REQUIRED WHEN MATERIAL HANDLED

<sup>2</sup>Use the following codes to designate the type of fit test:

QL = Qualitative  
 QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type .....

Work area ..... 1, 2, 3

MANDATORY USE OF PERSONAL PROTECTIVE EQUIPMENT  
WHEN SUBSTANCE IS IN USE.

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area ..... 1, 2, 3

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping		X		
Vacuuming				
Water flushing of floors				
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.



9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes ..... 1

No ..... (2)

Emergency exposure

Yes ..... (1)

No ..... 2

If yes, where are copies of the plan maintained?

Routine exposure: NA

Emergency exposure: ALL SUPERVISORS

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ..... (1)

No ..... 2

If yes, where are copies of the plan maintained? ALL SUPERVISORS

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes ..... (1)

No ..... 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist ..... (1)

Insurance carrier ..... 2

OSHA consultant ..... 3

Other (specify) \_\_\_\_\_ 4

[ ] Mark (X) this box if you attach a continuation sheet.

---

## SECTION 10 ENVIRONMENTAL RELEASE

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### General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

---

### PART A GENERAL INFORMATION

---

10.01 Where is your facility located? Circle all appropriate responses.

#### CBI

- ☐ Industrial area ..... 1
- Urban area ..... (2)
- Residential area ..... 3
- Agricultural area ..... 4
- Rural area ..... 5
- Adjacent to a park or a recreational area ..... 6
- Within 1 mile of a navigable waterway ..... 7
- Within 1 mile of a school, university, hospital, or nursing home facility ..... 8
- Within 1 mile of a non-navigable waterway ..... (9)
- Other (specify) \_\_\_\_\_ .....10

---

☐ Mark (X) this box if you attach a continuation sheet.

---

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 41 ° 08 ' 30 "

Longitude ..... 73 ° 15 ' 53 "

UTM coordinates ..... Zone \_\_\_\_\_, Northing \_\_\_\_\_, Easting \_\_\_\_\_

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information. NA

Average annual precipitation ..... inches/year

Predominant wind direction .....

10.04 Indicate the depth to groundwater below your facility. NA

Depth to groundwater ..... meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity

Environmental Release

Air

Water

Land

Manufacturing

Importing

Processing

Otherwise used

Product or residual storage

Disposal

Transport

Y

NA

NA

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type .....

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>
7.I	FUME INCINERATOR	790

☐

Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type .....

Point Source  
ID Code

Description of Emission Point Source

7.I

SOLVENT AND ANY RESIDUAL TDI  
ESCAPING INCINERATION

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

<input type="checkbox"/> Point Source ID Code	Physical State <sup>1</sup>	Average Emissions (kg/day)	Frequency <sup>2</sup> (days/yr)	Duration <sup>3</sup> (min/day)	Average Emission Factor <sup>4</sup>	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
7.F	G	<0.2	5	480	—	—	5	480

<sup>1</sup>Use the following codes to designate physical state at the point of release:  
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) \_\_\_\_\_

<sup>2</sup>Frequency of emission at any level of emission

<sup>3</sup>Duration of emission at any level of emission

<sup>4</sup>Average Emission Factor — Provide estimated ( $\pm$  25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) <sup>1</sup>	Building Width(m) <sup>2</sup>	Vent, Type <sup>3</sup>
7I	16	0.7	<200	13	NA	NA	V

<sup>1</sup>Height of attached or adjacent building

<sup>2</sup>Width of attached or adjacent building

<sup>3</sup>Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09.  
Photocopy this question and complete it separately for each emission point source.

CBI

NA

☐

Point source ID code .....

Size Range (microns)

Mass Fraction (%  $\pm$  % precision)

< 1

$\geq 1$  to < 10

$\geq 10$  to < 30

$\geq 30$  to < 50

$\geq 50$  to < 100

$\geq 100$  to < 500

$\geq 500$

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.



PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... NA  
 Percentage of time per year that the listed substance is exposed to this process type ..... %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals <sup>1</sup>						
Packed						
Mechanical						
Double mechanical <sup>2</sup>						
Compressor seals <sup>1</sup>						
Flanges						
Valves						
Gas <sup>3</sup>						
Liquid						
Pressure relief devices <sup>4</sup> (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines <sup>5</sup> (e.g., purge, vent)						
Gas						
Liquid						

<sup>1</sup>List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

## 10.13 (continued)

<sup>2</sup> If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

<sup>3</sup> Conditions existing in the valve during normal operation

<sup>4</sup>Report all pressure relief devices in service, including those equipped with control devices

<sup>5</sup>Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

[ ]

NA

[illegible]

<sup>1</sup>Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

<sup>2</sup>The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

NA

☐ Process type .....

Equipment Type	Leak Detection	Detection Device <sup>1</sup>	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
	Concentration (ppm or mg/m <sup>3</sup> ) Measured at _____ Inches from Source				
Pump seals					
Packed	_____	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____	_____
Double mechanical	_____	_____	_____	_____	_____
Compressor seals	_____	_____	_____	_____	_____
Flanges	_____	_____	_____	_____	_____
Valves					
Gas	_____	_____	_____	_____	_____
Liquid	_____	_____	_____	_____	_____
Pressure relief devices (gas or vapor only)	_____	_____	_____	_____	_____
Sample connections					
Gas	_____	_____	_____	_____	_____
Liquid	_____	_____	_____	_____	_____
Open-ended lines					
Gas	_____	_____	_____	_____	_____
Liquid	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI



Vessel Type <sup>1</sup>	Floating Roof <sup>2</sup> Seals	Composition of Stored <sup>3</sup> Materials	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operat- ing Vessel Volume (l)	Vessel Emission Controls <sup>4</sup>	Design Flow Rate <sup>5</sup>	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate <sup>6</sup>

<sup>1</sup>Use the following codes to designate vessel type:

F = Fixed roof  
CIF = Contact internal floating roof  
NCIF = Noncontact internal floating roof  
EFR = External floating roof  
P = Pressure vessel (indicate pressure rating)  
H = Horizontal  
U = Underground

<sup>2</sup>Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary  
MS2 = Shoe-mounted secondary  
MS2R = Rim-mounted, secondary  
LM1 = Liquid-mounted resilient filled seal, primary  
LM2 = Rim-mounted shield  
LMW = Weather shield  
VM1 = Vapor mounted resilient filled seal, primary  
VM2 = Rim-mounted secondary  
VMW = Weather shield

<sup>3</sup>Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

<sup>4</sup>Other than floating roofs

<sup>5</sup>Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

<sup>6</sup>Use the following codes to designate basis for estimate of control efficiency:

C = Calculations  
S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases. **NA**

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
<u>1</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>2</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>4</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>5</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>6</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

10.24 Specify the weather conditions at the time of each release. **NA**

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
<u>1</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>2</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>3</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>4</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>5</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>6</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

☐ Mark (X) this box if you attach a continuation sheet.